



#4

PATENT  
Attorney Docket No. SNS-007A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Rodomista et al.

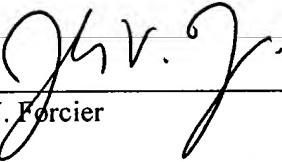
SERIAL NO.: 09/356,119 GROUP NO.: 2839

FILING DATE: July 16, 1999 EXAMINER: Not yet assigned

TITLE: Force Reflecting Haptic Interface

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Box Missing Parts, Assistant Commissioner for Patents, Washington, DC 20231 on January 11, 2000.

  
John V. Forcier

Box Missing Parts  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

1. Certificate of First Class Mailing (1 pg.);
2. Fee Transmittal (1 pg.);
3. Transmittal Form (1 pg.);
4. Copy of Notice of Missing Parts (1 pg.)
5. Check in the amount of \$1,061.00
6. Small Entity Statement (1 pg.)
7. Petition for Extension of Time – Three Months (1 pg.)
8. Return receipt postcard
9. Declaration and Power of Attorney (4 pgs.).



# TRANSMITTAL FORM

Application Serial Number	09/356,119
Filing Date	July 16, 1999
First Named Inventor	Rodomista
Group Art Unit	2839
Examiner Name	Not yet assigned
Attorney Docket No.	SNS-007A

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input checked="" type="checkbox"/> Copy of Notice of Missing Parts <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> To Convert to a Provisional Application  <input type="checkbox"/> Associate Power of Attorney  <input type="checkbox"/> Terminal Disclaimer  <input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input checked="" type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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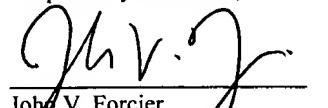
## CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,

  
 John V. Forcier  
 Attorney for Applicant(s)  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110

**FEE TRANSMITTAL**

Note: Effective January 10, 2000.  
Patent fees are subject to annual revision



Complete if Known

Application Serial Number	09/356,119
Filing Date	July 16, 1999
First Named Inventor	Rodomista
Group Art Unit	2839
Examiner Name	Not Assigned
Attorney Docket No.	SNS-007A

**METHOD OF PAYMENT**

1.  Payment Enclosed:  
 Check  Money Order  Other
2.  The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.
  - Required Fees (copy of this sheet enclosed).
  - Additional fee required under 37 CFR 1.16 and 1.17.
  - Overpayment Credit.

**FEE CALCULATION (continued)**

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	65.00
50	25	Surcharge - late provisional filing fee or	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
380	190	Extension for reply within second month	
870	435	Extension for reply within third month	435.00
1,360	680	Extension for reply within fourth month	
1,850	925	Extension for reply within fifth month	
300	150	Notice of Appeal	
300	150	Filing a brief in support of an appeal	
260	130	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
240	240	Submission of Information Disclosure Statement (37 CFR 1.97(c))	
130	130	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
690	345	Filing a submission after final rejection (37 CFR 1.129(a))	
690	345	For each additional invention to be examined (37 CFR 1.129(b))	
		Other (Specify)	

**FEE CALCULATION**

1. FILING FEE

Large Entity		Fee (\$)	Fee Description	Fee Paid
690	Utility filing fee	690.00		
310	Design filing fee			
150	Provisional filing fee			
Total Claims	Number Filed	Number Extra	Rate	Amount
31	- 20 = 11		x \$ 18.00 =	198.00
Independent Claims	6	- 3 = 3	x \$ 78.00 =	234.00
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$260.00 =	
			TOTAL:	1122.00
			SMALL ENTITY DISCOUNT:	561.00
			SUBTOTAL (1) (\$)	561.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	- =		x \$ 18.00 =	
Indep.	- =		x \$ 78.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$260.00 =	
			TOTAL:	(\$)
			SMALL ENTITY DISCOUNT:	(\$)
			SUBTOTAL (2) (\$)	

SUBTOTAL (3) (\$ 500.00)

SUBTOTAL (1) \$561.00

SUBTOTAL (2) 0

SUBTOTAL (3) 500.00

TOTAL (\$ 1061.00)

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High Street Tower-125 High Street  
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Fax No.: (617) 248-7100

**SIGNATURE BLOCK**

Respectfully submitted,

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